

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 01/01/2013 **and ending** 06/30/2013

B Check applicable box: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization Orange Lake Resort Coalition, A Committee of Continuous Existence **Employer identification number** 59 - 3607788

2 Mailing address (P.O. box or number, street, and room or suite number)
8505 West Irlo Bronson Mem Hwy

City or town, state, and ZIP code
Kissimmee, FL 34747 - 8206

3 E-mail address of organization: blower@orangelake.com **4 Date organization was formed:** 11/18/1999

5a Name of custodian of records Brian T. Lower **5b Custodian's address** 8505 West Irlo Bronson Memorial Hwy
Kissimmee, FL 34747 - 8206

6a Name of contact person Brian T. Lower **6b Contact person's address** 8505 West Irlo Bronson Mem Hwy
Kissimmee, FL 34747 - 8206

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
8505 West Irlo Bronson Mem Hwy

City or town, state, and ZIP code
Kissimmee, FL 34747 - 8206

8 Type of report (check only one box)

- | | |
|--|---|
| <input type="checkbox"/> First quarterly report
(due by April 15) | <input type="checkbox"/> Monthly report for the month of:
(due by the 20th day following the month shown above, except the
December report, which is due by January 31) |
| <input type="checkbox"/> Second quarterly report
(due by July 15) | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) |
| <input type="checkbox"/> Third quarterly report
(due by October 15) | (1) Type of election: |
| <input type="checkbox"/> Year-end report
(due by January 31) | (2) Date of election: |
| <input checked="" type="checkbox"/> Mid-year report (Non-election
year only-due by July 31) | (3) For the state of: |
| | <input type="checkbox"/> Post-general election report (due by the 30th day after general election) |
| | (1) Date of election: |
| | (2) For the state of: |

9 Total amount of reported contributions (total from all attached Schedules A) **9. \$** 130113

10 Total amount of reported expenditures (total from all attached Schedules B) **10. \$** 500

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Brian T Lower

07/09/2013

**Sign
Here**



Signature of authorized official



Date

Schedule A **Itemized Contributions**

Schedule A

Contributor's name, mailing address and ZIP code

Aggregate below treshold
8505 West Irlo Bronson Mem Hwy
Kissimmee, FL 34747 - 8206

Name of contributor's employer

NA

Contributor's occupation

NA

Aggregate contributions year-to-date

\$ 130113

Amount of contribution

\$ 130113

Date of contribution

06/30/2013

Schedule B Itemized Expenditures		Schedule B
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Down Syndrome Foundation of Florida	NA	\$ 500
PO Box 533462	Recipients's occupation	Date of expenditure
Orlando, FL 32853 -	NA	02/06/2013
Purpose of expenditure		
Charitable Contribution		